



Washington State  
Department of Social  
& Health Services

JUVENILE REHABILITATION ADMINISTRATION (JRA)

## FINANCIAL INFORMATION STATEMENT (FIS)

NAME OF YOUTH	JRA NUMBER
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### I. PERSONAL DATA (PLEASE PRINT)

PARENT'S LAST NAME	FIRST NAME	MIDDLE INITIAL	SOCIAL SECURITY NUMBER	RELATIONSHIP TO YOUTH
PRESENT MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Other (specify): <input type="checkbox"/> Single			TELEPHONE NUMBER (INCLUDE AREA CODE) (      )	
STREET ADDRESS		CITY	STATE	ZIP CODE
NAME AND ADDRESS OF EMPLOYER		CITY	STATE	ZIP CODE
SPOUSE'S LAST NAME	FIRST NAME	MIDDLE INITIAL	SPOUSE'S SOCIAL SECURITY NUMBER	RELATIONSHIP TO YOUTH
NAME AND ADDRESS OF SPOUSE'S EMPLOYER		CITY	STATE	ZIP CODE

1. Are you currently receiving financial assistance from the Department of Social and Health Services (DSHS)? ☐ Yes ☐ No  
If yes, give the case/assistance unit (AU) number: \_\_\_\_\_
2. Do you receive or are you approved for adoption support? ☐ Yes ☐ No  
If yes, for which children:
3. Were you, your spouse, your child or your spouse's child a victim of the crime for which the juvenile is being committed?  
☐ Yes ☐ No  
If yes, attach proof.

### II. DEPENDENTS (PLEASE PRINT)

Total number of persons in your household you claim on your federal income tax (do not include juvenile offender):

\_\_\_\_\_

List the name(s), ages(s), and relationship(s) of household members:

NAME	AGE	RELATIONSHIP

COPIES TO: Office of Financial Recovery; JRA; Parent(s)

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## iii. INCOME

1. Do you pay current child support? ☐ Yes ☐ No If yes, how much: \$ \_\_\_\_\_
2. Do you receive child support? ☐ Yes ☐ No If yes, how much: \$ \_\_\_\_\_
3. Do you pay spousal maintenance? ☐ Yes ☐ No If yes, how much: \$ \_\_\_\_\_
4. Do you receive spousal maintenance? ☐ Yes ☐ No If yes, how much: \$ \_\_\_\_\_

### MONTHLY INCOME FROM ALL SOURCES

YOUR <u>GROSS</u> SALARY	BUSINESS INCOME	SPOUSE'S <u>GROSS</u> SALARY
\$ _____	\$ _____	\$ _____

OTHER MONTHLY INCOME (PENSIONS, RETIRED PAY, SOCIAL SECURITY, VETERANS BENEFITS, TRUST FUNDS, UNEMPLOYMENT, L&I, ETC.)

TYPE OF INCOME	AMOUNT	NAME OF PERSON WHO RECEIVES THE INCOME
	\$ _____	
	\$ _____	
	\$ _____	
	\$ _____	

The statements I have given are true, complete, and correct to the best of my knowledge. I understand that DSHS may verify my statements.

SIGNATURE

DATE

## FOR DEPARTMENT USE ONLY

Gross Salary \$ \_\_\_\_\_

Business Income \$ \_\_\_\_\_

Spouse's Gross Income (exclude if spouse is a stepparent) \$ \_\_\_\_\_

Other income (exclude if stepparent's or stepchild's income) \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

Deduct child support paid - \$ \_\_\_\_\_

Deduct spousal maintenance paid - \$ \_\_\_\_\_

Add child support received + \$ \_\_\_\_\_

Add spousal maintenance received + \$ \_\_\_\_\_

TOTAL GROSS \$ \_\_\_\_\_

Number of countable dependents: \_\_\_\_\_

\$ \_\_\_\_\_ x \_\_\_\_\_ % =

TOTAL GROSS

%

(see WAC 388-720-00)

MONTHLY